

**Form 33 - Medical History Update Faints, Falls, Exams, Tests, Procedures****Data File:** f33_ep_fu_pub**File Date:** 12/20/2005**Structure:** Multiple rows per participant**Population:** E+P participants

Participant ID**Variable #** 1**Usage Notes:** none**Sas Name:** ID**Categories:** Study: Administration**Sas Label:** Participant ID**Type:** Continuous

F33 Days since randomization/enrollment**Variable #** 2**Usage Notes:** none**Sas Name:** F33DAYS**Categories:** Study: Administration**Sas Label:** F33 Days since randomization/enrollme**Type:** Continuous

F33 Visit type**Variable #** 3**Usage Notes:** none**Sas Name:** F33VTYP**Categories:** Study: Administration**Sas Label:** Visit type**Type:** Categorical**Values**

2	Semi-Annual Visit
3	Annual Visit
4	Non Routine Visit
7	Interim
8	Amendment

F33 Visit number

Number of the visit for which this form was collected.

Variable # 4**Usage Notes:** none**Sas Name:** F33VNUM**Categories:** Study: Administration**Sas Label:** Visit number**Type:** Continuous

F33 Completed by whom

Who is completing this form

Variable # 5**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** F33WHOM**Categories:** Study: Administration**Sas Label:** F33 Completed by whom**Type:** Categorical**Values**

1	WHI participant (self)
2	Family or friend
3	Health care provider
8	Other

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F33 Fainted or lost consciousness

Since your last medical update, have you fainted, blacked out, or lost consciousness?

Variable # 6**Usage Notes:** none**Sas Name:** F33FAINT**Categories:** Medical History**Sas Label:** F33 Fainted or Blacked out**Type:** Categorical**Values**

0	No
1	Yes

F33 How many times fallen

Since your last medical update, how many times did you fall and land on the floor or ground?

Variable # 7**Usage Notes:** none**Sas Name:** F33FALLS**Categories:** Medical History**Sas Label:** F33 Times Fallen**Type:** Categorical**Values**

0	None
1	1 time
2	2 times
3	3 or more times

F33 Physical Exam

Since your last medical update, which of the following exams, tests, or procedures have you had: Physical exam or check up

Variable # 8**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** PHYSEXAM**Categories:** Health Care: Screening
Medical History**Sas Label:** Physical Exam or check up**Type:** Categorical**Values**

0	No
1	Yes

F33 Eye Exam

Since your last medical update, which of the following exams, tests, or procedures have you had: Eye exam

Variable # 9**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** EYEEXAM**Categories:** Health Care: Screening
Medical History**Sas Label:** F33 Eye exam**Type:** Categorical**Values**

0	No
1	Yes

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F33 Breast Exam

Since your last medical update, which of the following exams, tests, or procedures have you had: Breast exam

Variable # 10**Usage Notes:** none**Sas Name:** BRSTEXAM**Sas Label:** Breast Exam**Type:** Categorical**Categories:** Clinical Tests: Breast Exam
Health Care: Screening
Medical History: Breast**Values**

0	No
1	Yes

F33 Mammogram

Since your last medical update, which of the following exams, tests, or procedures have you had: Mammogram

Variable # 11**Usage Notes:** none**Sas Name:** MAMMOGRM**Sas Label:** F33 Mammogram**Type:** Categorical**Categories:** Clinical Tests: Mammogram
Health Care: Screening
Medical History: Breast**Values**

0	No
1	Yes

F33 Breast Biopsy or Aspiration

Since your last medical update, which of the following exams, tests, or procedures have you had: Test of breast tissue or fluid for disease (Breast biopsy or aspiration)

Variable # 12**Usage Notes:** none**Sas Name:** BRSTBPSY**Sas Label:** F33 Breast Biopsy Aspiration**Type:** Categorical**Categories:** Clinical Tests
Health Care: Screening
Medical History: Breast**Values**

0	No
1	Yes

F33 Rectal Exam

Since your last medical update, which of the following exams, tests, or procedures have you had: Rectal exam

Variable # 13**Usage Notes:** none**Sas Name:** RCTLEXAM**Sas Label:** Rectal Exam**Type:** Categorical**Categories:** Health Care: Screening
Medical History: Colorectal**Values**

0	No
1	Yes

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F33 Hemoccult

Since your last medical update, which of the following exams, tests, or procedures have you had: Test for the presence of blood in your stool or bowel movement (Hemoccult, guaiac)

Variable # 14**Usage Notes:** none**Sas Name:** HEMOCLT**Sas Label:** Hemoccult**Type:** Categorical**Categories:** Clinical Tests
Health Care: Screening
Medical History: Colorectal**Values**

0	No
1	Yes

F33 Flex Sig

Since your last medical update, which of the following exams, tests, or procedures have you had: Tube inserted into your bowel from below to check for bowel problems (Sigmoidoscopy, flex. sig., or colonoscopy)

Variable # 15**Usage Notes:** none**Sas Name:** FLEXSIG**Sas Label:** Flex Sig**Type:** Categorical**Categories:** Clinical Tests
Health Care: Screening
Medical History: Colorectal**Values**

0	No
1	Yes

F33 Barium Enema

Since your last medical update, which of the following exams, tests, or procedures have you had: Barium enema x-ray

Variable # 16**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** BARIUM**Sas Label:** Barium Enema**Type:** Categorical**Categories:** Clinical Tests
Health Care: Screening
Medical History: Colorectal**Values**

0	No
1	Yes

F33 Blood Pressure Check

Since your last medical update, which of the following exams, tests, or procedures have you had: Blood pressure check

Variable # 17**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** BPCHECK**Sas Label:** Blood Pressure Check**Type:** Categorical**Categories:** Health Care: Screening
Medical History: Cardiovascular**Values**

0	No
1	Yes

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F33 Blood Cholesterol Test

Since your last medical update, which of the following exams, tests, or procedures have you had: Blood cholesterol test

Variable # 18**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** CHOLCHK**Sas Label:** Blood Cholesterol Test**Categories:** Clinical Tests: Blood
Health Care: Screening
Medical History: Cardiovascular**Type:** Categorical**Values**

0	No
1	Yes

F33 ECG

Since your last medical update, which of the following exams, tests, or procedures have you had: Electrocardiogram (ECG)

Variable # 19**Usage Notes:** none**Sas Name:** ECG**Sas Label:** ECG**Categories:** Clinical Tests: ECG
Health Care: Screening
Medical History: Cardiovascular**Type:** Categorical**Values**

0	No
1	Yes

F33 PTCA

Since your last medical update, which of the following exams, tests, or procedures have you had: Procedure to unblock narrowed blood vessels to your heart muscle (opening the arteries of the heart with a balloon or other device, sometimes called PTCA, coronary angioplasty, or coronary stent)

Variable # 20**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** PTCA**Sas Label:** PTCA**Categories:** Medical History: Cardiovascular
Outcome: Self Reported**Type:** Categorical**Values**

0	No
1	Yes

F33 Outpatient DVT

Since your last medical update, which of the following exams, tests, or procedures have you had: Shots at home for blood clots in legs followed by blood thinning medications (such as Coumadin, Warfarin)

Variable # 21**Usage Notes:** Not collected on all versions of Form 33.**Sas Name:** OUTPDVT**Sas Label:** Outpatient DVT**Categories:** Medical History: Other Disease/Condition
Outcome: Self Reported**Type:** Categorical**Values**

0	No
1	Yes

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F33 Pap Smear

Since your last medical update, which of the following exams, tests, or procedures have you had: Pap smear

Variable # 22**Usage Notes:** none**Sas Name:** PAPSMR**Sas Label:** Pap Smear**Type:** Categorical**Categories:** Clinical Tests: Pap Smear
Health Care: Screening
Medical History: Reproductive**Values**

0	No
1	Yes

F33 D and C

Since your last medical update, which of the following exams, tests, or procedures have you had: Dilation and Curettage (D and C, womb scrape)

Variable # 23**Usage Notes:** none**Sas Name:** DANDC**Sas Label:** D and C**Type:** Categorical**Categories:** Medical History: Reproductive**Values**

0	No
1	Yes

F33 Endometrial biopsy

Since your last medical update, which of the following exams, tests, or procedures have you had: Endometrial biopsy

Variable # 24**Usage Notes:** none**Sas Name:** ENDOBPSY**Sas Label:** Endometrial biopsy**Type:** Categorical**Categories:** Health Care: Screening
Medical History: Reproductive**Values**

0	No
1	Yes

F33 Hysterectomy

Since your last medical update, which of the following exams, tests, or procedures have you had: Removal of the uterus or womb (Hysterectomy)

Variable # 25**Usage Notes:** none**Sas Name:** HYSTEREC**Sas Label:** Hysterectomy**Type:** Categorical**Categories:** Medical History: Reproductive
Outcome: Self Reported
Reproductive**Values**

0	No
1	Yes
